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|---------------------------------|--|-------------------------------|----------------------------------|
| <i>SERFF Tracking Number:</i> | <i>CAIC-126977137</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Continental American Insurance Company</i> | <i>State Tracking Number:</i> | <i>47656</i> |
| <i>Company Tracking Number:</i> | <i>8150</i> | | |
| <i>TOI:</i> | <i>H07G Group Health - Specified Disease - Limited Benefit</i> | <i>Sub-TOI:</i> | <i>H07G.001 Critical Illness</i> |
| <i>Product Name:</i> | <i>Death Benefit Rider</i> | | |
| <i>Project Name/Number:</i> | <i>AR Death Benefit Rider/8150</i> | | |

Filing at a Glance

Company: Continental American Insurance Company

| | | |
|--|--------------------------------------|-------------------------------------|
| Product Name: Death Benefit Rider | SERFF Tr Num: CAIC-126977137 | State: Arkansas |
| TOI: H07G Group Health - Specified Disease - Limited Benefit | SERFF Status: Closed-Approved-Closed | State Tr Num: 47656 |
| Sub-TOI: H07G.001 Critical Illness | Co Tr Num: 8150 | State Status: Approved-Closed |
| Filing Type: Form | Author: Jennifer Bartow | Reviewer(s): Rosalind Minor |
| | Date Submitted: 01/07/2011 | Disposition Date: 01/07/2011 |
| | | Disposition Status: Approved-Closed |
| Implementation Date Requested: On Approval | | Implementation Date: 01/07/2011 |
| State Filing Description: | | |

General Information

| | |
|--|--|
| Project Name: AR Death Benefit Rider | Status of Filing in Domicile: Not Filed |
| Project Number: 8150 | Date Approved in Domicile: |
| Requested Filing Mode: Review & Approval | Domicile Status Comments: |
| Explanation for Combination/Other: | Market Type: Group |
| Submission Type: New Submission | Group Market Size: Small and Large |
| Group Market Type: Employer, Other | Explanation for Other Group Market Type: Union |
| Overall Rate Impact: | Filing Status Changed: 01/07/2011 |
| | State Status Changed: 01/07/2011 |
| Deemer Date: | Created By: Jennifer Bartow |
| Submitted By: Jennifer Bartow | Corresponding Filing Tracking Number: 8150 |
| Filing Description: | |
| Attached please find a Death Benefit Rider, form CAI2843AR, which provides a nominal death benefit if an Insured elects this Rider when enrolling in CAIC's Critical Illness plan. CAIC's Critical Illness plan, forms CAI2800AR, et al., was approved by the Arkansas Department of Insurance on 5/13/2008 with Serff Tracking Number CAIC-125593737. This death benefit will become part of a plan providing voluntary, supplemental coverage. | |

If you have any questions or concerns, please contact Jennifer Bartow at 888.730.2244, x 4381, or at jbartow@aflac.com. Thank you for your consideration and attention to this matter.

SERFF Tracking Number: CAIC-126977137 State: Arkansas

Filing Company: Continental American Insurance Company State Tracking Number: 47656

Company Tracking Number: 8150

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: Death Benefit Rider

Project Name/Number: AR Death Benefit Rider/8150

Company and Contact

Filing Contact Information

Jennifer Bartow, jbartow@caicworksite.com
2801 Devine Street 803-461-4381 [Phone]
Columbia, SC 29205

Filing Company Information

Continental American Insurance Company CoCode: 71730 State of Domicile: South Carolina
2801 Devine Street Group Code: Company Type: LAH
Columbia, SC 29205 Group Name: Continental Amer Ins State ID Number:
Co
(803) 256-6265 ext. [Phone] FEIN Number: 57-0514130

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: This is a certificate rider.
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| Continental American Insurance Company | \$50.00 | 01/07/2011 | 43542284 |

| | | | |
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| TOI: | H07G Group Health - Specified Disease - Limited Benefit | Sub-TOI: | H07G.001 Critical Illness |
| Product Name: | Death Benefit Rider | | |
| Project Name/Number: | AR Death Benefit Rider/8150 | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 01/07/2011 | 01/07/2011 |

Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|----------------|------------------|-----------------|------------|----------------|
| Effective Date | Note To Reviewer | Jennifer Bartow | 01/07/2011 | 01/07/2011 |

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|---------------------------------|--|-------------------------------|----------------------------------|
| <i>SERFF Tracking Number:</i> | <i>CAIC-126977137</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Continental American Insurance Company</i> | <i>State Tracking Number:</i> | <i>47656</i> |
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| <i>Product Name:</i> | <i>Death Benefit Rider</i> | | |
| <i>Project Name/Number:</i> | <i>AR Death Benefit Rider/8150</i> | | |

Disposition

Disposition Date: 01/07/2011

Implementation Date: 01/07/2011

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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| <i>Product Name:</i> | <i>Death Benefit Rider</i> | | |
| <i>Project Name/Number:</i> | <i>AR Death Benefit Rider/8150</i> | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------------------------|----------------------|-----------------------------|----------------------|
| Supporting Document | Flesch Certification | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Form | Death Benefit Rider | Approved-Closed | Yes |

SERFF Tracking Number: CAIC-126977137 *State:* Arkansas
Filing Company: Continental American Insurance Company *State Tracking Number:* 47656
Company Tracking Number: 8150
TOI: H07G Group Health - Specified Disease - *Sub-TOI:* H07G.001 Critical Illness
Limited Benefit
Product Name: Death Benefit Rider
Project Name/Number: AR Death Benefit Rider/8150

Note To Reviewer

Created By:

Jennifer Bartow on 01/07/2011 01:15 PM

Last Edited By:

Rosalind Minor

Submitted On:

01/07/2011 01:30 PM

Subject:

Effective Date

Comments:

This Rider is being filed at the request of a potential group who is eager to sign a master application and enroll in our product. Because their enrollment depends upon approval, we request that the effective date of this Rider be the same date as Department of Insurance approval. Please contact Jennifer Bartow at 888.730.2244, x4381, or at jbartow@aflac.com, should you have any questions or concerns. Thank you for your consideration.

SERFF Tracking Number: CAIC-126977137 State: Arkansas

Filing Company: Continental American Insurance Company State Tracking Number: 47656

Company Tracking Number: 8150

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: Death Benefit Rider

Project Name/Number: AR Death Benefit Rider/8150

Form Schedule

Lead Form Number: CAI2843AR

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-------------------------------|-------------|--|---------------------|---------|----------------------|-------------|---|
| Approved-Closed 01/07/2011 | CAI2843AR | Certificate | Death Benefit Rider | Initial | | 49.800 | CAI2843AR Death Benefit Rider.pdf |
| | | Amendmen t, Insert Page, Endorseme nt or Rider | | | | | |



CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

DEATH BENEFIT RIDER TO CERTIFICATE OF INSURANCE FOR SPECIFIED CRITICAL ILLNESS

This Rider is a part of the Certificate to which it is attached. We have issued this Rider to You because (1) You paid the additional premium for this Rider; and/or (2) We relied on the application You made. Unless amended by this Rider, all Certificate Definitions, terms, and other Provisions apply to this Rider.

Effective Date

If issued at the same time as the Certificate, this Rider becomes effective when the Certificate becomes effective. If issued after the Certificate becomes effective, this rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this Rider.

DEFINITIONS

Waiting Period

The number of days after the Effective Date before We will pay benefits for loss of life is the Waiting Period. We will not pay benefits for death occurring during the Waiting Period.

Actively At Work Requirement

If You are not actively at work on the last scheduled work day coinciding with or preceding the date Your insurance would otherwise become effective, insurance will not be effective until the date You return to and remain actively at work.

BENEFIT DEFINITIONS

Death Benefit

If an Insured dies for any reason while this Rider is in force, subject to the limitations and exclusions below, the Insured is entitled to a Death Benefit in the amount listed in the Rider Schedule. [Dependent Children are entitled to a Death Benefit at 25% of the amount of the Employee.]

BENEFITS

When We receive proof of loss documenting the Insured's date of death, We will pay the listed benefit to the Insured's beneficiary if all of the following are true:

1. Death occurred after the Waiting Period;
2. Death occurred while this Rider is in force; and
3. Death did not occur by a means excluded by this Rider.

LIMITATIONS AND EXCLUSIONS

[This Rider contains a 30-day Waiting Period. This means that no benefits are payable for any Insured who dies before coverage has been in force 30 days from the Insured's Effective Date, as shown in the Rider Schedule.]

[PRE-EXISTING CONDITIONS LIMITATION

"Pre-Existing Condition" means a sickness or physical condition that resulted in the Insured receiving medical advice or treatment within the 12-month period prior to an Insured's Effective Date.

We will not pay benefits for any death occurring within 12 months of an Insured's Effective Date that is caused by, contributed to, or results from a Pre-Existing Condition.

A claim for benefits for loss starting after 12 months from an Insured's Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

A condition will no longer be considered Pre-Existing at the end of 12 consecutive months starting and ending after an Insured's Effective Date.]

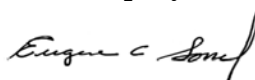
[EXCLUSIONS

1. No benefits will be paid if death results from any of the following:
 - a. Intentionally self-inflicted injury or action;
 - b. Suicide or attempted suicide while sane or insane;
 - c. Illegal activities or participation in an illegal occupation; or
 - d. An injury sustained while under the influence of alcohol, narcotics, or any other controlled substance or drug unless properly administered upon the advice of a physician.
2. No benefits will be paid for loss occurring prior to the effective date of this Rider.]

GENERAL PROVISIONS

1. This Rider is part of the Critical Illness Certificate and will terminate on the earlier of the following: (a) when that Certificate terminates; or (b) when premiums are no longer paid for this Rider.
2. The premium for this Rider is shown in the Rider Schedule. Premiums for this Rider are payable for the number of years shown in the Rider Schedule or until the Rider terminates.
3. This Rider is subject to all of the terms of the Critical Illness Certificate to which it is attached unless any such items are inconsistent with the terms of this Rider.

Signed for the Company at its Home Office.



President

SAMPLE RIDER SCHEDULE

| | | | |
|---------------------------|-------------------|------------------------------|-------------------|
| Insured - | John A. Doe | Group Policy Number - | XXXX |
| Effective Date - | [January 1, 2011] | Certificate Number - | XXXX |
| *Initial Premium - | \$00.00 Monthly | First Renewal Date - | [January 1, 2012] |

BENEFIT

| | |
|---|------------|
| Death Benefit Amount: | [\$ 2,500] |
| [Benefits reduce by [50%] at age [70].] | |

| | |
|---|------------|
| [Spouse Death Benefit Amount:] | [\$ 2,500] |
| [Benefits reduce by [50%] at age [70].] | |

| | |
|---|----------|
| [Dependent Child – 25% of primary Insured's amount] | [\$ 625] |
|---|----------|

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Supporting Document Schedules

| | | |
|---|---------------------|-------------------------|
| | Item Status: | Status |
| Satisfied - Item: Flesch Certification | Approved-Closed | Date: 01/07/2011 |
| Comments: | | |
| Attachment: | | |
| Readability Certification.pdf | | |

| | | |
|---|---------------------|-------------------------|
| | Item Status: | Status |
| Satisfied - Item: Application | Approved-Closed | Date: 01/07/2011 |
| Comments: | | |
| Please note that the application for use with this form was previously filed and approved. Enrollment form CAI2811 9/08 was approved 9/26/2008. | | |



READABILITY CERTIFICATION

I, James J. Hennessy, hereby certify that the following forms have the following readability score as calculated by the Flesch Reading Ease Test:

| | | |
|-----------|---------------------|------|
| CAI2843AR | Death Benefit Rider | 49.8 |
|-----------|---------------------|------|

This, the 7th day of January, 2011.

James J. Hennessy, AIRC, ACP, CCP
Vice President, Compliance
Continental American Insurance Company